

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *680880* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		0					55					
6		1					56					
7		1					57					
8	1						58					
9	1						59					
10	1						60					
11							61					
12	1						62					
13	1						63					
14	1						64					
15	1						65					
16	1						66					
17		4					67					
18	1						68					
19	1						69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24	1						74					
25	1						75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
30		1					80					
31	1						81					
32							82					
33	1						83					
34		1					84					
35		1					85					
36	1						86					
37		1					87					
38		1					88					
39	1						89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46	1						96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		18										
TOTAL DEP.												
TOTAL CLAIMS		81										